| Best Available Copy 3  |                              |   |                  |                |                        |      |                    |                        |     |
|--|------------------------------|---|------------------|----------------|------------------------|------|--------------------|------------------------|-----|
| PAYENT APPLICATION Effect  | Application or Docket Number |   |                  |                |                        |      |                    |                        |     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                              |   |                  |                | v                      | OR   | SHALL I            |                        |     |
| TOTAL CLAIMS   | 17                           |   | RATE             | FEE            |                        | RATE | FEE                |                        |     |
| FOR  | MUMBER FILED MUMBER EXTRA    |   | ER EXTRA         | BASIC FEE      | 370.00                 | OR   | PASIC FEE          | 740.00                 |     |
| TOTAL CHARGEABLE CLAIMS  | / 7 minus 20= " U            |   | U                | X\$ 9=         | •                      | OR   | X\$18=             |                        |     |
| INDEPENDENT CLAIMS /3  |                              | nus 3 = * / <i>U</i>                        |                  | X42-           |                        | ОЯ   | X84=               | 840.                   | OO  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                              |   |                  | +140=          |                        | ОЯ   | +280=              |                        |     |
| * If the difference in column 1 is less than zero, enter *0" in column 2   |                              |   | olumn 2          | TOTAL          |                        | OR   | TOTAL              | KRA                    | .00 |
| CLAIMS AS AMENDED - PART (I<br>(Column 1) (Column 2) (Column 3)  |                              |   |                  |                | ENTITY                 | OR   | OTHER<br>SMALL     | THAN                   |     |
| CLAMS REMADENG AFTER AMENDMENT Total Independent / //  |                              | HIGHEST<br>MUNBER<br>PREVIOUSLY<br>PAID FOR | PRESENT          | RATE           | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |     |
| Total - //   | Minus .                      | - 20  |                  | X\$ 9=         |                        | OR   | X\$18=             |                        |     |
| Independent - /3   | Minus                        | - 12  |                  | X42=           |                        | OR   | XB4e               |                        |     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                              |   |                  | +140=          |                        | OR   | +280=              |                        | 1   |
| 10/12/06   |                              |   |                  | TOTAL          |                        | 00   | TOTAL<br>ADDIT FEE |                        | 1   |
| 10 2 (Column 1)  |                              | (Column 2)                                  | (Column 3)       | ADOTT. FEE     |                        |      | ADUIL PEE          |                        | 1   |
| COMMS REMAINING AFTER AMEROMENT Total Independent  |                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE           | ADOI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |     |
| Total • 17   | Minus                        | -20   | •                | X\$ 9=         |                        | OR   | X\$18-             |                        |     |
| Independent •  | Minus                        | -13   | •                | X42=           | /                      | OR   | X84=               |                        |     |
| PHST PRESENTATION OF MOCTIFEE SEPERATOR OF MA  |                              |   |                  | +140=<br>TOTAL |                        | OR   | +280-              |                        | ]   |
| 2/2/07 Processed on 2/12/07 (Cohumn 1) (Cohumn 2) (Cohumn 3)   |                              |   |                  |                | <u> </u>               | OR   | ADOIT. FEE         |                        | 1   |
| CONTINUE CON |                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE           | ADDI-<br>TIONAL<br>FEE |      | PATE               | ADDI-<br>TIONAL<br>FEE |     |
| Total • 7  | Minus                        | - 20  | -0               | X\$ 9~         |                        | OR   | X318=              |                        | \   |
| Independent • . 7  | euniM                        | <b></b> 13                                  | • Ø              | X42=           |                        | OR   | X84=               | X                      | 161 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                              |   |                  |                |                        | OR   | +280=              | 1/\                    |     |
| * If the entry in column 1 is less than the entry in column 2, write "I" in column 3.  |                              |   |                  | +140a          |                        | ОЯ   | TOTAL              |                        | 4   |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "23."  ADDIT, FEE  |                              |   |                  |                |                        |      |                    |                        |     |